

Bibliotherapy and DCT: Co-Constructing the Therapeutic Metaphor

Jane E. Myers

Bibliotherapy is presented as a strategy for cocreating therapeutic metaphors with clients. The use of these metaphors for promoting both first and second order change is enhanced when the metaphor is processed using Developmental Counseling and Therapy (DCT). Case examples are included to illustrate the combined use of these techniques.

Ivey (1986, 1991) stated that the primary goal of counseling is to facilitate development, or, more specifically, structural development of clients (Ivey & Gonçalves, 1988). Developmental Counseling and Therapy (DCT) is presented as a philosophical position, a theory of human development, a practice of therapy and counseling, and a co-constructed model of the therapy session (Ivey, 1986). Within this model, specific techniques contribute to the process of co-constructing reality with clients (Ivey, 1991; Rigazio-DiGilio, 1994a). These techniques are based in the development and exploration of client-generated images, which are then explored as the basis of identifying patterns of behavior, affect, or cognition.

Counselors also may generate images, through use of techniques such as metaphor (Gordon, 1978) and bibliotherapy (Gladding, 1992; Pardeck, 1995). Metaphors are communications that have more than one meaning (Haley, 1986). They help clients see similarities or patterns across events that are temporally separated and can help very concrete clients connect seemingly inexplicable events in their lives (Hendrix, 1992). Use of metaphors may help clients overcome strong defenses that prevent them from dealing effectively with problem situations (Zuniga, 1992). Furthermore, the use of metaphors may stimulate new learning or promote development by helping clients achieve new constructions of reality (Martin, Cummings, & Hallberg, 1992).

Bibliotherapy, the use of literature in counseling, is one way to create or validate client metaphors (Gladding, 1992). When these metaphors are implemented from the perspec-

tive of structural developmental theory, the potential for positive change may be enhanced. Thus, the image created in the DCT process could be a metaphor generated by either the counselor or the client, and bibliotherapy could be the basis for the metaphor.

Traditional models of human change processes focus on modification of belief systems, thus promoting first order or nonstructural change (Lyddon, 1990; Steenbarger, 1991). In contrast with these models, Mahoney and Lyddon (1988) described constructivism as a process "through which the individual . . . actively creates and constrains new experience and thus determines what [he or she] will perceive as reality" (p. 200). Constructive or structural developmental change is thus defined as second order change, or change in one's fundamental ways of knowing and making meaning of life events (Mahoney, 1991; Steenbarger, 1991). The combination of bibliotherapy and DCT, which individually may be powerful interventions, may collectively provide a means of promoting change in clients. In this article, each of these techniques is described, followed by suggestions for integrating them in the co-constructed counseling process. Examples are provided to illustrate these suggestions.

BIBLIOTHERAPY: USING LITERATURE AS METAPHOR

The etymology of bibliotherapy is *biblio*, or *books*, (from the Greek *vivlion* which means *book*) and from the Greek *therapeia*, or *therapy*. Bibliotherapy first emerged in medical settings as the use of literature to support the healing

Jane E. Myers is a professor in the Department of Counseling and Educational Development at the University of North Carolina at Greensboro. The author thanks Allen and Mary Ivey and Tom Sweeney for their helpful comments during the preparation of this manuscript. Correspondence regarding this article should be sent to Jane E. Myers, Department of Counseling & Educational Development, 222 Curry Building, University of North Carolina at Greensboro, Greensboro, NC 27412.

process, and its use in counseling refers to the use of literature to promote mental health. More specifically, "bibliotherapy uses literature to bring about a therapeutic interaction between participant and facilitator" (Hynes & Hynes-Berry, 1986, p. 10). Hynes and Hynes-Berry used literature in a broad context, which included the use of print, video material, and creative writing (Schumaker, Wantz, & Taricone, 1995). Clients may be asked to consume literature (e.g., reading, viewing, observing) as well as create literature (e.g., writing). Although the benefits of these techniques are similar regardless of the medium used, for the purposes of this article the focus is on reading bibliotherapy.

Bibliotherapy may be viewed as a dynamic process of interaction between the individual and literature, which emphasizes the reader's emotional response to what has been read (Schlichter & Burke, 1994). The effectiveness of bibliotherapy is based on its use to help counselors understand clients' moral imperatives and constructions of meaning (Ganzer, 1994). Therapeutic reading, in particular, promotes the conscious recognition of clients' ways of knowing and experiencing so that both emotional and cognitive understanding of problems are enhanced (Cohen, 1994b; Hynes & Wedl, 1990). Cohen (1994a) further suggested that the intentional nature of the experience (i.e., purposeful reading, rereading, and recall), relational characteristics (i.e., the similarity of characters to the experiences of the client), and transporting characteristics (i.e., immersion and escape) are among the major benefits of bibliotherapy interventions.

Pardeck (1995) listed six major goals of bibliotherapy: (1) to provide information, (2) insight, (3) solutions, (4) to stimulate discussion on problems, (5) to communicate new values and attitudes, and (6) to help clients understand that others have dealt with similar problems. Bibliotherapy provides metaphors for life experiences that help clients verbalize their thoughts and feelings and learn new ways to cope with problems (Pardeck, 1993).

Although bibliotherapy may be used by individuals to promote personal growth, it is most effective when viewed as an interactive process in which guided discussion is used to achieve therapeutic goals (Gladding, 1992). Interactive bibliotherapy has been used in conjunction with other techniques, such as play therapy, in the treatment of sexually abused children (Rasmussen & Cunningham, 1995), grieving children (Moody & Moody, 1991), depressed adults (Jamison & Scogin, 1995), cancer patients (Pardeck, 1992), people with eating disorders (Blair, Lewis, & Booth, 1992), people who abuse alcohol (Gallant, 1989), and people with panic disorders (Gould, Clum, & Shapiro, 1993; Lidren, Watkins, Gould, & Clum, 1994). Bibliotherapy has been used with a variety of developmental issues and concerns and may be the basis for direct introduction of these issues in the counseling environment.

Gladding (1992) presented a four-step process defining the benefits of using literature in counseling. First, through reading, clients are engaged in a process of making significant discoveries about themselves. Second, clients often experience a sense of therapeutic release or relief and begin to

experience resolution of their problems. Third, true self-knowledge begins to emerge, along with the recognition that problems are universal; connection with others is felt. Finally, clients are able to experience more positive and constructive approaches to problem solving, developing new and constructive ways of coping with their problems.

Bibliotherapy Guidelines

Advocates of bibliotherapy as a therapeutic intervention caution that it is best used in conjunction with other counseling approaches, and that well-articulated treatment goals are essential when bibliotherapy is used (Pardeck, 1991; Schumaker et al., 1995). Other guidelines include the selection of books based on reading ability of the client, and the theme, format, and believability of characters (Kaplan, 1994). It is essential that the counselor be familiar with any resource or book used, having read it before providing the assignment to the client (Giblin, 1989). It is also important to consider the cultural issues and metaphors presented in the assignment. If a question exists regarding the relevance of themes for a client of a particular culture, counselors should seek consultation before using the book in question. Overall, the use of selected books in counseling is applicable to persons of all stages of life, from varying cultural backgrounds, and with a wide variety of problems (Katz & Watt, 1992).

In my experience, books with multiple levels of meaning and multiple themes are most effective with a variety of clients. Children's books often have themes relevant to persons of all ages (Gladding, 1992) and have the additional advantages of being short and easy to read. The presentation of children's books, however, should always be made carefully and with consideration for possibly offending the adult client who may perceive these to be too simplistic for them. Because the variety of possible books for use with clients is extensive, counselors are encouraged to develop lists of resources specific to the needs of particular clients and particular issues. As is true with any intervention, the selection of methods appropriate to the characteristics and needs of the client is essential.

In processing a homework assignment to read a book, two guidelines may be helpful. First, always start the next session by asking the client if they read the book, then ask for their reflections on the book. Second, be careful to allow the client to express his or her reactions and emotions. This is an important time to allow the client to determine and explain relevant themes, characters, and reactions.

The construction of meaning by the client allows the expression of whatever metaphors stimulated by the reading may be relevant to the client. On occasion, clients may choose to elaborate on themes counselors did not anticipate or intend. Bibliotherapy may be viewed as a projective assessment technique because clients project their internal representations on the characters and stories in the book. The counselor's task is to help them process their reactions in an intentional manner. One way to do so effectively is through the use of DCT.

DEVELOPMENTAL COUNSELING AND THERAPY

DCT provides both a theoretical model and techniques for fostering second order change (Ivey, 1986, 1991; Ivey & Gonçalves, 1988). The theory is based in a metaphorical interpretation of Piaget's cognitive stages and Plato's cognitive stages as presented in the allegory of the cave. Rather than assuming a linear view of these stages, Ivey suggested that development is cyclical, and that individuals cycle through four levels, or orientations, of cognitive development repeatedly throughout their lives. Furthermore, it is possible to function in multiple orientations simultaneously and to experience developmental blocks so that functioning within a particular orientation or orientations is impaired in relation to a specific issue. The four orientations of development are sensorimotor, concrete, formal operational, and dialectic (Ivey, 1986). Each orientation may be defined as a style of information processing, with both constraints and competencies specific to that style. It is the interaction between the person and the environment that determines whether an individual has adequate access to enough orientations to adapt to or influence the environment.

Recent research supports the usefulness of DCT as a theoretical basis for understanding clients and developing appropriate clinical interventions (Crespi & Generali, 1995; A. Ivey personal communication, May 14, 1997). Much of this research is cross-cultural (e.g., Mitsutake & Tamase, 1995; Rigazio-DiGilio, 1994a, 1994b) and underscores the multicultural nature of developmental theory and therapy.

Sensorimotor Developmental Orientation

Sensorimotor functioning is based on sensory experience. What the client sees, hears, and feels is important. A central aspect of sensorimotor experience is the phenomenon of images. Experiences in life become physically embedded in one's body and are expressed in images that reflect conscious or unconscious thoughts and feelings (Ivey & Gonçalves, 1988). In the process of therapy, clients need to connect in the present with these images and with the physical sensations and feelings that are the basis of their affective responses. Clients often seem to not be in touch with or blocked in relation to their feelings, or overwhelmed by their feelings, both of which are sensorimotor reactions and may be defined in the Piagetian sense as preoperational. Clients in this stage seem unable to operate on or create changes in their environment.

Concrete Developmental Orientation

The second orientation in Ivey's paradigm is concrete operations. Within this orientation, clients are able to think logically and begin to solve problems. In the early concrete stage, clients are egocentric and their logic is determined by their perceptions, which may be distorted, and by their interpretations of objective reality. They are able to provide specific details of events and circumstances but may not be able to provide realistic linear sequences of events.

Hence, an inability to link cause and effect may occur. Clients who are overly concrete may be able to provide many examples of overwhelming life circumstances, or circumstances beyond their control, yet are unable to understand why these events occur. As clients learn to process information accurately, they can determine the links between their behaviors and outcomes and move toward developmental growth and change. Clients who are stuck in this stage will be unable to provide linear sequences of events that are necessary to understanding cause and effect, and thus will have difficulty operating on or controlling their environment.

Formal Operational Developmental Orientation

When clients are able to provide concrete descriptions of events, they can be encouraged to begin to see the similarities in events in their lives. The recognition of patterns signifies the onset of formal operational thinking. Clients at this point begin to think about thinking (Ivey, 1986; Ivey & Gonçalves, 1988). The formal operational client is able to be self-reflective and analytical. Of course, clients may recognize repeating patterns in a manner that is healthy and functional or in a manner that reflects cognitive distortions. Clients who are able to identify their patterns and analyze their needs for change evidence the insight necessary to begin the change process. Clients who distort or generalize their patterns or who attribute causes to external events and circumstances, may require attention to developmental blocks at the concrete level before they can become fully formal operational. Ivey (1991) noted Piaget's admonition that only 75% of persons ever become fully formal operational, thus 25% or more of clients will be unable to fully reflect on their patterns and generalize across situations.

Dialectic Developmental Orientation

The first three orientations in the DCT paradigm are concerned with internal aspects of the client's functioning. The fourth, dialectic, requires that the client move beyond an egocentric view to see him- or herself as part of multiple interacting systems. Dialectic clients think about thinking (Ivey, 1986, p. 16). Their cognitive complexity allows them to view themselves and their patterns as developmentally based in family, gender, and cultural influences. They are able to recognize the views of others as separate and distinct from their own. Clients who are unable to achieve dialectic thinking or who are blocked at this developmental level will be unable to conceptualize the factors affecting their developmental processes and will be unable to understand or appreciate the views of others.

Assessment of Developmental Orientation

Ivey (1991, Appendix A) provides a structured developmental assessment interview that counselors can use to facilitate movement through the four orientations. The Stan-

dard Cognitive Developmental Interview comprises a sequence of questions designed to encourage exploration at each developmental level (Ivey, 1991, Appendix A). During the interview process, the counselor is able to determine how well the client functions in each orientation and whether developmental blocks exist. Developmental functioning and blocks are related to specific presenting issues. The questions in the interview can be used in multiple ways, as a function of either assessment or intervention or of both. As an assessment, the interview questions can help the counselor identify the client's preferred developmental orientation as well as existing developmental blocks that can become the focus of intervention. Treatment can be tailored to meet the client's needs, with the questions being used to encourage development within a specific orientation as well as movement between orientations.

The assessment process begins with the creation of an image related to the presenting issue. The goal in exploring the image is to help the client connect with sensorimotor experiencing in the current context of the interview. Movement to the concrete orientation is encouraged, once the affective response has occurred, by asking the client to provide an example of another time he or she felt the same way. After exploration of a second or sometimes third example, formal operational thinking is encouraged by asking the client to reflect on the similarities or patterns between the different circumstances they have described (i.e., the original image and the subsequent example or examples). Movement to the dialectic stage is fostered by asking the client to reflect on the origins of the pattern as well as on how others might view and explain the experiences of the client.

Treatment Planning: A Co-Constructed Process

The structured assessment process leads into the development and implementation of treatment plans through the dual processes of deconstruction and co-construction (Ivey, 1986, 1991). The interview itself is an example of co-construction of meaning through the dialogue between counselor and client. Treatment planning may be initiated at any point, depending on the client, the issues, and the information processing style most comfortable for the client. At the dialectic level, the exploration of dynamics underlying development culminates in the identification of rules that provide the foundation for repeating patterns. Deconstruction occurs when the counselor asks the client to reflect on the rule and whether it is good, useful, always right, and so forth. As clients begin to challenge their rules, the question of whether they want to work on those rules may be raised. This questioning sequence leads into a process of co-construction of therapeutic goals and fosters the dual purpose of the assessment interview as simultaneously a therapeutic intervention.

The development of a treatment plan after a developmental assessment is based on Ivey's (1986, 1991) integrative model of DCT. Based on the client's preferred orientations for functioning and developmental blocks, interven-

tions selected for successful outcomes are used by the counselor. The process of assessment and treatment planning explained here requires the development of an image and exploration of affect related to that image. Clients often experience developmental blocks at the sensorimotor level and are unable to connect emotions with experiences in an immediate manner, and are therefore unable to change. One means of helping them overcome their defenses and developmental blocks is through the use of metaphors, which, as noted earlier, provide a means of presenting potentially threatening material in a nonthreatening manner. The creation of metaphors through bibliotherapy is an effective means of helping clients develop images that can lead to sensorimotor experiencing that then can help them begin to overcome developmental blocks and move toward therapeutic change and growth.

Co-construction is a process that occurs both within and outside the counseling setting when individuals, couples, families, and groups interact with wider units (such as schools, agencies, and sociopolitical groups). Development in this context is viewed as a co-constructed process between the individual and his or her environment. Within DCT, the co-constructive developmental process is paralleled in the therapeutic process. Both the books used in bibliotherapy and the counselor are part of an environment co-constructed to help the client move through the spiral orientations of Ivey's developmental sphere.

INTEGRATING BIBLIOTHERAPY AND DCT

I have used bibliotherapy with DCT in clinical work with a variety of clients. Bibliotherapy provides the basis for developing images (metaphors) that help clients to view their problems from another perspective. In this section, strategies for combining these methods are explored, and two case examples are presented to illustrate the combined processes.

Several guidelines for selecting books were presented earlier. My preference is for use of children's books that are short, easy to read, and have multiple themes. Examples of such books include *The Giving Tree* (Silverstein, 1961), *The Little Prince* (Saint-Exupery, 1942), and *Hope for the Flowers* (Paulus, 1972). The third book is one I have found most useful not only because of the multiple, significant themes that parallel many common life circumstances, but because of the inclusion of powerful metaphors for both first and second order change. Paulus used two caterpillars striving for success in life, their love relationship, distance in their relationship, and the transformational process of entering a cocoon and emerging as a butterfly, as central themes for positive life change.

Assuring that one or more of the themes of the book is relevant to concerns the client has expressed, the homework assignment to read *Hope for the Flowers* is recommended. It is helpful to explain to the client that this is a children's book that contains relevant themes for persons of all ages. Reactions to the book are processed at the beginning of the next session. The sequence of exploration

begins with the book—an external perspective—and, through the use of DCT, helps the clients make the transition from the external resource to the internal problem(s) that brought them in for counseling. The goal in using the DCT questioning sequence is to determine, as Ivey (1986, 1991) noted, how well the client processes a situation in all four orientations. At some point, usually when making the transition from the sensorimotor to concrete orientations, the clients may be expected to rely less on themes from the book and begin increasingly to discuss their personal situation, problem, or concern.

The DCT questioning sequence begins with the exploration of an image, with the counselor asking something like “What happens for you when you think about your family?” In a similar manner, when using bibliotherapy the first question posed by the counselor will be something like “What happened for you when you read (the book)?” Using active listening skills, the counselor can help the clients explore the meaning of the book to them. Asking a variety of open-ended questions may be helpful with clients who need more guidance in exploring their reactions. Questions such as the following can help clients uncover personal meaning in what they have read, while serving as an assessment for the counselor as to the client’s constructions of reality and ways of knowing:

Who were the main characters?
 Who did you identify with most?
 What about (the character) did you most like?
 What happened in the story to (the character)?
 Where did this happen?
 When or how did it happen?

Using the statements presented by the client, the counselor can summarize the information above, then move the client toward sensorimotor experiencing by asking a question such as “As you think about (this character), can you get an image of one particular part that stood out for you?” or, “What image comes to mind as you think about (this character)?” As the client begins to explore the image, the following questions, taken from Ivey (1991), will assist sensorimotor experiencing: “As you are thinking about (this character in whatever situation the client mentioned, using the client’s own words), what are you seeing? What are you hearing? What are you feeling right now? Can you locate that feeling in your body?” It is important for counselors to fully explore the answer to each of these questions before proceeding to the next.

Once the client has identified a physically embedded feeling (e.g., “I feel a tightness in my chest and it is hard to breathe”), the counselor can help the client move from the sensorimotor to concrete orientation by reflecting the feelings, using the client’s words as an indication of the client’s construction of meaning, then asking a question such as “Has there been a time in your life when you felt the same way?” Follow up with open-ended questions that help the client explain what happened during that time. Questions about when the experience occurred, who was involved, and exactly what happened in a linear sequence of events,

will reveal the client’s understanding of the parallels between his or her life and the circumstances in the book.

The client may be able at this point to move toward formal operational thinking and the identification of patterns. This movement is assisted by questions such as “What are the similarities between these two examples, the one from the book and your own? Is this a pattern for you?” The theme or themes from the book may be helpful in identifying patterns, because the client may feel less defensive about using metaphors from the book to describe themselves. The metaphor allows the client to own the patterns in a relatively nonthreatening manner, because the pattern was first introduced as belonging to someone or something else.

Movement to the dialectic level may then occur, with the client being encouraged to view the situation, either the book or character or their own pattern or example, from the perspective of others. Encouragement to search for the origin of the rule underlying the pattern is important. As Ivey (1986) noted, most rules were developed in the family of origin; thus, some discussion of family systems is always a part of the dialectic experience.

Upon completion of the questioning sequence for the four levels, the process of deconstruction (challenging the rules) may lead directly to the co-construction of a treatment plan and the development of new rules. This process may be defined as second order change, or creation of “the new” (Ivey, 1986). Using a book with multiple themes also provides the opportunity to begin the questioning sequence again using other themes. Two examples of this process follow. In both instances, *Hope for the Flowers* is the resource used for bibliotherapy. In the first case, the DCT paradigm is used to explain the client dynamics relative to the bibliotherapy process. In the second case, DCT provides the techniques (questions) for stimulating second order change.

Case 1: The Parking Lot Attendant

Joe S. came in for counseling soon after his 40th birthday. He was married, with two young children. Joe’s wife worked as a legal secretary and he worked as a parking lot attendant. His father was a college professor who constantly encouraged Joe to get an advanced degree. His bachelor’s degree, received 18 years earlier, was in anthropology and had not been useful in the local job market. Joe’s presenting problem was career indecision and a request for help in finding something he could do that would be productive and acceptable to his father.

Joe had worked with a cognitive counselor for over a year, and had terminated on the counselors’ recommendation that they “had gone as far as we could go.” Over the course of several sessions, it became clear that Joe enjoyed being at home with his two small children, was the family housecleaner and cook, and enjoyed maintaining a productive garden to feed his family. His major motivation for change was pressure from his father “to make something of my life.”

I suggested to Joe that he read *Hope for the Flowers*, anticipating that he might relate to the theme of striving for greater

and greater material success, but without much meaning in his life. Our first session after this homework assignment was significant. The stimulus question, "What happened for you when you read the book," resulted in a pause, and then he said "Oh, I liked it." (Pause . . . followed by sobs when Joe began to cry.) "When Stripe came down from the pile, I knew it was okay to be a parking lot attendant." This response contained elements of all four levels of DCT. The emotional reaction, really the first such reaction in several sessions with Joe, was obviously cathartic. In addition to the sensorimotor experience, Joe was able to identify in a concrete manner the behavior that stimulated his affect: being able to come down from the pile, to stop thinking about driving himself to be more than he was. Thinking is used here intentionally, because the client was driving himself cognitively, but not behaviorally, because Joe was not actively seeking new employment. The formal operational and dialectic levels were reflected in his recognition that his tendency to think that he should be more than he was need not be the rule (dialectic) in his life. This insight and deconstruction of the rule permitted Joe to see himself in a new manner (second order change), and he experienced a sense of freedom in choosing what he would like to do with his life and career.

Subsequently, Joe brought his wife in for two sessions of couples counseling. Both agreed that her income would be sufficient to support the family if Joe were to stay home, care for the children and home, and maintain the garden. The savings in child care and groceries, as well as the reduction of stress in the home environment, made this an acceptable solution for both partners.

Case 2: *The Shy Spouse*

Cindy H. was referred by a friend who was concerned about her depression. Cindy's husband was a workaholic who spent little time with his family, yet he did not want Cindy to work outside the home. Most of her friends had jobs outside the home, and her children were now in school. Cindy was lonely and was becoming isolated. She was unwilling to ask her husband to join her for couples counseling, although she readily admitted that he was the one who needed to change if she were to be happy. I assigned the book, *Hope for the Flowers* after our second session, sensing that Cindy might relate to themes of love for her husband and her lack of assertiveness in their relationship.

In the third session, we discussed the book. Cindy needed a great deal of support to share her reactions, and virtually all of the questions listed previously in this article were asked of her in the course of the session. Active listening and nonverbal encouragement resulted in the discussion of the book taking the full time of the session, during which she was able to experience the issue at each of the first three levels of DCT, and began to achieve understanding at the dialectic level as well. Key components of the transcript from the session are as follows:

JM: What character did you identify with the most?
CH: Oh, I guess Yellow.

JM: What about Yellow did you most like?
CH: Oh, she just loved Stripe so much!
JM: She loved Stripe.
CH: Yes, and she wanted so much to be with him. (Sigh)
JM: She wanted to be with him. What did she do that told you that?
CH: She looked at him. (Pause) She just flew around and looked at him.
JM: She just looked at him. What happened then?
CH: Well, nothing. Nothing happened at all. Just like in my life. Nothing happened at all.
JM: I can see tears in your eyes. Can you tell me what you are feeling?
CH: (Crying) Oh, I don't know. I just want Steve (her husband) to know how I feel, to know how much I love him. It hurts so much. (Sighing, Cindy moved her hand to her chest.) I want him to stay home more, to be with me. And, I just can't say the words to him. I just can't tell him. I can't ask him. (Continued crying.)
JM: As you are talking about how much this hurts you, I see you place your hand on your chest. (I mirrored Cindy's body movement by also placing a hand on my chest.) Can you tell me what you are feeling in your body right now?
CH: Yes, yes. It's tight. Right here (Cindy tapped her hand on her chest). It's (gasp) hard for me to breathe. It's hard to talk. (Cindy began to cry again.)

At this point, I encouraged Cindy to move to the concrete level of functioning. I summarized the client's preceding statements, then asked if she could provide a specific example of a time in her life when she felt the same way. That is, I asked her to recall a time when Cindy wanted to let Steve know her feelings but was unable to do so and experienced the same painful feelings. I asked her to provide a second example, then encouraged her to examine the similarities and patterns between her examples and Yellow's behavior in the book. She identified her lack of assertiveness and inability to express her emotions as common in other situations in her life, as well. In moving toward dialectic thinking, I encouraged Cindy to view her problem from multiple perspectives and in terms of the developmental origin of her rules:

JM: How would your husband describe you when you act the way we have been discussing?
CH: Steve would tell anyone that I am the perfect wife. The house is always clean, the children are taken care of, and dinner is on the table when he gets home.
JM: So, a wife who keeps the house clean, takes care of the children, and puts dinner on the table is a perfect wife?
CH: I guess so.
JM: You guess so. Does this mean you are agreeing with Steve's rule about what it takes to be a perfect wife?
CH: (laughing) Yes, I suppose that's what it means. You asked me about my rule, and I guess this is it. I am supposed to be the perfect wife.
JM: And where did that rule come from?
CH: Hmm. Now that you mention it, that was Mom's rule. She was just like Yellow, you know. She just looked at Dad with such begging in her eyes, but he never saw it, just like Steve doesn't see it. I guess I'm just like Mom, though I never wanted to admit it.
JM: So, the rule was Mom's rule?
CH: Yep.
JM: Is it a good rule for you?
CH: Well, I thought it was, but now I'm not so sure. Mom and Dad were married for 50 years, but I don't think she was really happy. (Pauses) I guess if I follow her rule, I might not be happy either.
JM: Is this something you would like to work on in counseling?

Cindy's last statement represented her beginning deconstruction of an important rule. My final statement began the process of co-construction of a treatment plan. In contrast with viewing her husband as the source of the problem, Cindy now was beginning to see her own role in the relationship, and her own need to change to begin to improve both her marriage and her own happiness.

Additional metaphors from the book were used to encourage self-exploration and growth in subsequent sessions with Cindy. In particular, the process of personal change, reflected in Yellow becoming a butterfly, was discussed as the stimulus for helping her partner, Stripe, change. Cindy was able to view this as a positive means to the solution of how to help her husband begin to change. The difficulty and uncertainty of change, fears of the change process, and the need to have faith were metaphors from the book that Cindy used repeatedly in her own development to support her second order processes of change.

CONCLUSION

Bibliotherapy and DCT may be used in combination to promote both first order (horizontal development) and second order (vertical development) change in selected clients. The underlying reason for the success of these techniques, when used together, is found in the power of metaphor as a therapeutic intervention. Bibliotherapy may be used to create the metaphor, and DCT provides a structured means of exploring and using the metaphor as both an assessment technique and an intervention.

Counselors who use these methods together may find them useful in helping some clients overcome defensiveness and resistance. As with any intervention, the selection of techniques must be made with the characteristics and needs of a particular client or family of foremost concern. Bibliotherapy may not be effective with all clients, and not all resources that can be used in bibliotherapy will be suitable for all clients. Similarly, DCT may be used in combination with a variety of interventions, of which bibliotherapy is only one of many possible interventions. Further research should be conducted to determine the usefulness of these techniques with a broad variety of clientele.

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